

STANDARD SECTOR INDICATOR CODE: HE-080	Able to Identify Signs & Symptoms Indicating the Need to Seek Immediate Care During Pregnancy: Number of individuals who are able to identify at least 4 or more warning signs indicating the need to seek immediate care with a healthcare provider during pregnancy.	
HEALTH SECTOR	Sector Schematic Alignment Project Area: Maternal, Neonatal, and Child Health Project Activity Area/Training Package: Maternal and Neonatal Care	
Type: Short-term Outcome	Unit of Measure: Individuals	Disaggregation : Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+

To be counted for this indicator the following criteria must be met:

- Must have received training on essential maternal care services and/or participated in a group that was facilitated by a PCV or their partner.
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
- Based on results of a pre/post test, must have identified at least 4 signs and symptoms during pregnancy that indicate the need to seek immediate care (see list below).

Definitions:

Warning signs and symptoms indicating the need to seek immediate care during pregnancy:

- Vaginal bleeding
- High fever, confusion or convulsions
- Foul smelling or yellow or green or other unusual vaginal discharge
- Shortness of breath that comes on suddenly or becomes severe or is accompanied by any of the following symptoms:
 - Worsening asthma
 - Rapid breathing
 - A rapid pulse, heart palpitations, or faintness
 - Chest pain or pain when you breathe
 - Blue tinge around lips, fingers, or toes, or if woman look pale
 - Feeling like not getting enough oxygen
 - Persistent cough, a cough along with fever or chills, or coughing blood
- Headache and sudden visual changes (blurring, double vision, flashing spots >2 hours)
- Painful calf that is hot and shows signs of inflammation
- Excessive thirst and frequent urination
- Limited or no fetal movement

Rationale: Pregnancy complications can be unpredictable. The three delays that have been shown to contribute to preventable perinatal deaths and maternal mortality are: a delay in recognizing danger signs of pregnancy and/or labor; a delay to seek care; and a delay related to transportation to an adequate facility. Thus, provision of information on signs and symptoms indicating the need to seek care during pregnancy may contribute to better maternal and neonatal

outcomes.

Measurement Notes:

- 1. Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. A data collection tool to measure this indicator could be based on one of the following methods—pre/post test—though there may be other data collection methods that are appropriate. Please check PCLive for data collection tools. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.
- 2. General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on “frequency of measurement”).
- 3. Activity-Level Baseline Data Collection:** This indicator builds off of indicator **HE-079: *Educated Women on Essential Maternal Care Services***, as it measures an increase in knowledge following training on essential maternal care. Therefore, baseline data collected in the form of a pre-test for HE-079 would apply to this indicator as well.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the “unit of measure” above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

- 4. Frequency of Measurement:** After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), to assess whether they are able to identify at least 4 or more warning signs indicating the need to seek immediate care with a healthcare provider during pregnancy. This measurement is typically taken after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);

- Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

- 5. Definition of Change:** The minimum change to report against this indicator is an individual was able to identify at least 4 signs and symptoms during pregnancy that indicate the need to seek immediate care. In the case of this indicator, if the person the Volunteer/partner works with identified at least 4 signs and symptoms during pregnancy that indicate the need to seek immediate care during the pre-test, then the Volunteer would not be able to count him/her for this activity because the person already had this knowledge prior to working with the Volunteer. However, if as a result of working with the Volunteer/partner, the individual 's knowledge on this topic increased, that would count because the Volunteer's work provided the individual with the training needed to be able to identify at least 4 signs and symptoms during pregnancy that indicate the need to seek immediate care.
- 6. General Reporting in the VRF:** The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of individuals who, after working with the Volunteer/partner, identified at least 4 signs and symptoms during pregnancy that indicate the need to seek immediate care. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.
- 7. Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Sex" and "Age. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by 1) male and female, and 2) 0-9 years, 10-14 years, 15-17 years, 18-24 years, and 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No Link